

Maple Heights Board of Education
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587-6100 ext. 3500

Maple Heights City Schools

5740 Lawn Avenue
Maple Heights, Ohio 44137



OPT OUT MEDICAL PLAN

I WISH TO OPT OUT OF OUR MEDICAL MUTUAL INSURANCE PLAN WITH MAPLE HEIGHTS CITY SCHOOLS DUE TO ONE OF THREE REASONS LISTED BELOW FOR THIS SCHOOL YEAR BEGINNING SEPTEMBER 1, 2017. (Check the one below that applies)

1. I am eligible for the family plan, but decline it both for me and my family because we have coverage with another insurance company. I understand that I need to provide proof of insurance.*

I will receive \$400 at the end of the school year. _____

2. I am eligible for the family plan, but choose to only put myself on the plan, because my other family members have coverage with another insurance company. I understand that I need to provide proof of insurance.*

I will receive \$200 at the end of the school year. _____

3. I am eligible for single coverage, but I have coverage with another insurance carrier. I understand that I need to provide proof of insurance.*

I will receive \$200 at the end of the school year. _____

PRINT NAME _____

SIGNATURE _____

DATE SIGNED _____

*Proof of insurance can be a current Form 1095-B showing Health Coverage with another provider, a letter from the sponsoring company, or a copy of your Insurance Benefit Card.

Contact Terri Esber at extension 3102 or by email at Terri.Esber@mapleschools.com if you have any questions.